

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1957

41289

State File No. 1863

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3040		Registrar's No. 284	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jeff</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Polk Twp.</b>		c. LENGTH OF STAY (in this place) -----		c. CITY OR TOWN <b>Crystal City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 71</b>				e. STREET ADDRESS (If rural, give location) <b>209 Broadway</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JAMES</b>		b. (Middle) <b>M.</b>		c. (Last) <b>HARRIS</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11/4/12</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief of Police</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Crystal City</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Aurthur Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Daffie Bone</b>		14. NAME OF HUSBAND OR WIFE <b>Olivia Harris</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Olivie Harris, Crystal City, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute myocardial infarction</b> <b>Coronary atherosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Nov 10, 1957</b> , to <b>Nov. 10, 1957</b> , that I last saw the deceased alive on <b>Nov 10, 1957</b> , and that death occurred at <b>6:15 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Maryville, Missouri</b>		23c. DATE SIGNED <b>11-14-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>11/11/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-14-57</b>		REGISTRAR'S SIGNATURE <b>Bess Bolt</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2290

JAN 10 1958

DEC 18 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Clara M. Price*

Licensed Embalmer No. *1820*

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.